

## Intervention: Relapse prevention interventions for smoking cessation

Finding: Insufficient evidence to determine effectiveness

### Potential partners to undertake the intervention:

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| <input type="checkbox"/> Nonprofits or local coalitions                              | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities                                     | <input type="checkbox"/> Media                             |
| <input checked="" type="checkbox"/> Health care providers                            | <input type="checkbox"/> Local public health departments   |
| <input type="checkbox"/> State public health departments                             | <input type="checkbox"/> Policymakers                      |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other:                            |

### Background on the intervention:

A number of interventions can help people who smoke to quit. These include pharmacological treatments, such as nicotine replacement and some antidepressants, and behavioral approaches, whether delivered individually or in groups (Hajek 2004; Hughes 2004; Lancaster 2005; Silagy 2004; Stead 2005). The interventions increase long-term quit rates compared to control interventions, but there is a steady attrition in overall success rates due to a proportion of initially successful participants returning to smoking over time (relapsing).

Several strategies for relapse prevention have been examined in randomized controlled trials. The most widely studied has been the skills approach where patients learn to identify high-risk situations for relapse, and are provided with cognitive and behavioral strategies to cope with these situations (Marlatt 1985). A smaller number of studies have tested alternative psychological treatments (usually combined with the skills approach). These include imaginary cue exposure, aversive smoking, social support, and exercise. There is also a separate group of studies that tested the effects of preventing relapse by extending the duration of therapeutic contact. Finally, a few studies have examined pharmacological treatments for relapse prevention.

### Findings from the systematic reviews:

The available evidence does not support the use of any specific component or intervention for helping smokers who have successfully quit for a short time to avoid relapsing to smoking again. The verdict is strongest for interventions that focus on identifying and resolving tempting situations; little research is available regarding other approaches.

Practices that lack sufficient research to support effectiveness should not be confused with ineffective programs. Rather, they should be recognized as programs that have the potential to become evidence-based practices—if properly evaluated. Practitioners are encouraged to monitor the impact of these programs in their communities and report on their findings in order to build a base of knowledge sufficient to reach consensus.

### References:

Hajek P, Stead LF, West R, Jarvis M. Relapse prevention interventions for smoking cessation. *The Cochrane Database of Systematic Reviews* 2005, Issue 1. Art. No.: CD003999. DOI: 10.1002/14651858.CD003999.pub2.